

Statement of Financial Interests for 2008



PERSONAL INFORMATION		
First Name and Middle initial:	Last Name:	
Michael	Fedele	
Street Address 1:	Street Address 2:	
64 Huckleberry Hollow		
City:	State:	Zip:
Stamford	CONNECTICUT	06903
<input type="checkbox"/> If you are claiming an exemption from disclosure for this property under FOIA		
Phone Number:	Email Address:	
(860) 524-7384	ltgovernor.fedele@ct.gov	

OCCUPATION	
<input type="checkbox"/> Current Dual Employment	
Current State Position:	Membership:
Executive Branch	Public Agency
Name of Agency:	Title/Position:
Office of the Lieutenant Governor	Lieutenant Governor
<input type="checkbox"/> If you have held a different state position or left state service in 2008	
<input type="checkbox"/> Previous Dual Employment	
Previous State Position:	Membership:
Name of Agency:	

SPOUSE

If you do not have a Spouse

Spouse First Name and Initial: Spouse Last Name:

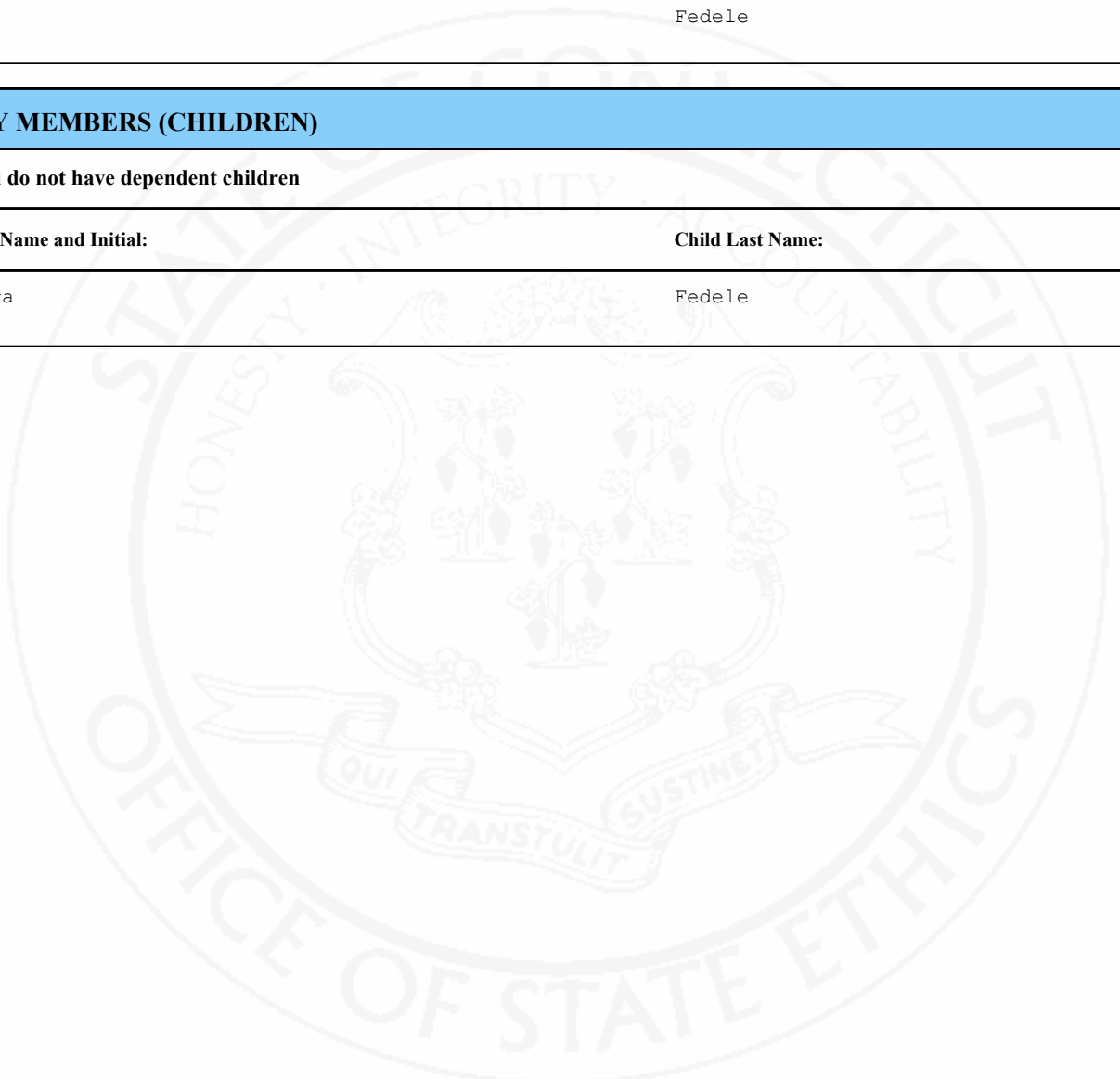
Carol A Fedele

FAMILY MEMBERS (CHILDREN)

If you do not have dependent children

Child First Name and Initial: Child Last Name:

Alesandra Fedele



REAL PROPERTY

If you do not own a property

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

64 Huckleberry Hollow

City:

State:

Zip:

Stamford

CONNECTICUT

06903

Country:

Owner or Beneficiary:

Carol A. Fedele

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

236 High Ridge Road

City:

State:

Zip:

Stamford

CONNECTICUT

06905

Country:

Owner or Beneficiary:

Carol A. Fedele

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

45 Taylor Street

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

45 Taylor Associates

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

45 Taylor Associates

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

47 Taylor Street

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

47-49 Taylor Associates

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

47-49 Taylor Associates

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

49 Taylor Street

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

47-49 Taylor Associates

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

47-49 Taylor Associates

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

11-17 Elmwood Street

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

Elmwood Associates

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

Elmwood Associates

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

40 Hoyt Street Unit 4

City:

State:

Zip:

Stamford

CONNECTICUT

06905

Country:

Owner or Beneficiary:

Michael Fedele

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

192 Richmond hill Avenue, Suite 16, 17, 18

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

Michael Fedele

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

If you are claiming an exemption from disclosure for this property under FOIA

Street Address 1:

Street Address 2:

22 Cove Road

City:

State:

Zip:

Stamford

CONNECTICUT

06902

Country:

Owner or Beneficiary:

Cove Road Associates

Held Directly?:

Held By: Note: If the property is not held directly, please list the corporation, partnership, or trust that holds the property for the benefit of you, your spouse, or dependent children residing with you.

Cove Road Associates

BUSINESSES

BUSINESS (WITH WHICH ASSOCIATED)

If you are not associated with any business

Name of Business:

Launderland

Street Address 1:

West Putnam Avenue

Street Address 2:

City:

Riverside

State:

CONNECTICUT

Zip:

06854

Nature of Business:

Laundromat

Nature of Interest:

owner

Interest Held By:

Self

Part - A

Category of Affiliated Business/Individual:

No affiliation

Part - B

Category of Affiliated Business/Individual:

No affiliation

Name of Business:		
Pinnacle Integrated Business Systems		
Street Address 1:		Street Address 2:
285 South Street, Suite P		
City:	State:	Zip:
San Luis Obispo	CALIFORNIA	93402
Nature of Business:		Nature of Interest:
Information Technology		owner
Interest Held By:		
Self		
Part - A		
Category of Affiliated Business/Individual:		
No affiliation		
Part - B		
Category of Affiliated Business/Individual:		
No affiliation		
Name of Business:		
Pinnacle Business Solutions, Inc		
Street Address 1:		Street Address 2:
192 Richmond Hill Avenue, Suite 18		
City:	State:	Zip:
Stamford	CONNECTICUT	06902
Nature of Business:		Nature of Interest:
Information Technology		Owner
Interest Held By:		
Self		

Part - A

Category of Affiliated Business/Individual:

No affiliation

Part - B

Category of Affiliated Business/Individual:

No affiliation

Name of Business:

CompuTek, Inc.

Street Address 1:

192 Richmond Hill Avenue, Suite 18

Street Address 2:

City:

Stamford

State:

CONNECTICUT

Zip:

06902

Nature of Business:

Information Technology

Nature of Interest:

Owner

Interest Held By:

Self

Part - A

Category of Affiliated Business/Individual:

No affiliation

Part - B

Category of Affiliated Business/Individual:

No affiliation

Name of Business:		
The Pinnacle Group		
Street Address 1:		Street Address 2:
192 Richmond Hill Avenue		Suite 18
City:	State:	Zip:
Stamford	CONNECTICUT	06902
Nature of Business:		Nature of Interest:
Information Technology Sales & Services		Owner
Interest Held By:		
Self		

Part - A

Category of Affiliated Business/Individual:
No affiliation

Part - B

Category of Affiliated Business/Individual:
No affiliation

Name of Business:		
Computer Technology Marketing, Inc.		
Street Address 1:		Street Address 2:
64 Huckleberry Hollow		
City:	State:	Zip:
Stamford	CONNECTICUT	06903
Nature of Business:		Nature of Interest:
Sales & Marketing		Owner
Interest Held By:		
Self		

Part - A

Category of Affiliated Business/Individual:

No affiliation

Part - B

Category of Affiliated Business/Individual:

No affiliation

BUSINESSES

TRUSTS

If you are not part of a trust

INCOME SOURCES

If you do not have a Income Source(s)

Name of Employer or Other Source:

CompuTek, Inc.

Description of Source:

Salary/Wages

Recipient:

Self

Name of Employer or Other Source:

State of Connecticut

Description of Source:

Salary/Wages

Recipient:

Self

Name of Employer or Other Source:

Computer Technology Marketing, Inc.

Description of Source:

Salary/Wages

Recipient:

Self

BLIND TRUST

If you do not have a Blind Trust(s)



SECURITIES

If you had no interest in securities with a fair market value in excess of \$5,000 at any time during the calendar year

Security Name:

Pimco Inflation Protect Bond Portfolio

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

RCM Technology Portfolio

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Lord Abbett Bondf Debit Portfolio

Owner or beneficiary if held by another:

Self

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

T. Rowe Price Mid Cap Growth

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Pimco Total Return

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

Loomis Sayles Investment Grade Bond Fund

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:

RCM Technology Portfolio

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :
BlackRock Large CAP Growth Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
BlackRock Large Cap Value Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
Dodge & Cox
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
The FairHolme Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Loomis Sayles Bond fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Met West Total Return
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Perm. Portoflio Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
PIMCO All Asset Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :
James Balanced Golden Rainbow Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
3rd Avenue Small Cap Fund
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
MetLife Securities
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
Prudential Securities
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
The FairHolme Fund
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
T. Rowe Price Health Science
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
BlackRock Large CAP Growth Fund
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
BlackRock U.S Oppty's
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
BlackRock Mid Cap Value Equity Fund
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
The FairHolme Fund
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Perm. Portfolio
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
NYSE Euronext
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :
Foster Wheeler Ag
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
Yamana Gold Inc.
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
Schering Plough Corp
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name :
Altria Group
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name:
Proctor & Gamble
Owner or beneficiary if held by another:
Joint
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Jennison Growth Portfolio
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
Janus Forty Portfolio
Owner or beneficiary if held by another:
Self
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.
Security Name:
PIMCO Inflation Bond Portfolio
Owner or beneficiary if held by another:
Spouse
<input checked="" type="checkbox"/> Held Directly?:
Held By:
Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :

Lord Abbett Bondf Debit Portfolio

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :

Jennison Growth Portfolio

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :

Janus Forty Portfolio

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

Security Name :

Vanguard Index Funds

Owner or beneficiary if held by another:

Spouse

Held Directly?:

Held By:

Note: If the Security is not held directly, list the trustee, corporation, etc.

LEASES

If you do not have a lease(s)

CONTRACTS

If you do not have a contract(s)

CONFIDENTIAL ADDENDUM

I choose to retain confidentiality. Note: You must be ready to file all confidential information in this one session.

CERTIFICATION

- I UNDERSTAND that if I fail to file this statement timely and accurately, I may be subject to a penalty of up to \$10,000.
- I UNDERSTAND that all information I provide on this form shall be a matter of public record and may be disclosed by the Office of State ethics upon request, unless exempt from disclosure by General Statutes 1-83(c) or the Freedom of Information Act, Connecticut General Statutes 1-200 *et. seq* if I chose to retain confidentiality on my addendum.
- I UNDERSTAND that if, by reason of impossibility, I am unable to provide the information required by this form, I may petition the Citizen's Ethics Advisory Board for a waiver.
- I UNDERSTAND that I must file with the Office of State Ethics, a report of the payment or reimbursement of "necessary expenses" for lodging and/or out-of-state travel incurred by me, in my capacity as a public official or state employee, for an article, appearance, speech, or for my participation at an event, unless the payment or reimbursement is provided by the State of Connecticut, the federal government or another state government. I FURTHER UNDERSTAND that if, either intentionally or due to gross negligence, I fail to file such a report within thirty(30) days after receiving the payment or reimbursement, I will be required to return the payment or reimbursement and may be subject to a penalty for up to \$10,000.
- I CERTIFY, UNDER PENALTY OF FALSE STATEMENT, that this Annual Statement of Financial Interests, including the Confidential Addendum, is a complete and accurate statement of financial interests, as defined by Connecticut General Statutes 1-83(b)(1), for myself, my spouse, and dependent residing in my household, during the calendar year 2008

I have read and agree to all above certifications.

Name:

Michael Fedele

Filed Date and Time:

05/01/2009 4:25 PM